

# Information for REO Property Additions

State: MO

<b>^Listing Date:</b>	<input type="text"/>	<b>Primary Cooling:</b>	<input type="text"/>
<b>^County:</b>	<input type="text"/>	<b>Water:</b>	<input type="text"/>
<b>^Street Address:</b>	<input type="text"/>	<b>Sewer:</b>	<input type="text"/>
<b>^City:</b>	<input type="text"/>	<b>Taxes:</b>	<input type="text"/>
<b>^Zip Code:</b>	<input type="text"/>	<b>^Price:</b>	<input type="text"/>
<b>Township:</b>	<input type="text"/>	<b>^Property ID:</b>	<input type="text"/>
<b>^Age:</b>	<input type="text"/>	<b>^Servicing Branch:</b>	<input type="text"/>
<b>Nbr Rooms:</b>	<input type="text"/>	<b>Program Type:</b>	<input type="text"/>
<b>Bedrooms:</b>	<input type="text"/>	<b>Tribal Land:</b>	Yes: <input type="radio"/> No: <input checked="" type="radio"/>
<b>Baths:</b>	<input type="text"/>	<b>Lender ID:</b>	<input type="text"/>
<b>Lot Size:</b>	<input type="text"/> X <input type="text"/> or	<b>Sealed Bid Status:</b>	Yes: <input type="radio"/> No: <input checked="" type="radio"/>
<b>Lot (Sq Ft):</b>	<input type="text"/>	<b>Sealed Bid Date:</b>	<input type="text"/>
<b>Basement:</b>	<input type="text"/>	<b>Program Eligible:</b>	Yes: <input type="radio"/> No: <input checked="" type="radio"/>
<b>Foundation:</b>	<input type="text"/>	<b>Auction Status:</b>	Yes: <input type="radio"/> No: <input checked="" type="radio"/>
<b>Living Area(Sq Ft):</b>	<input type="text"/>	<b>Auction Date:</b>	<input type="text"/>
<b>Style:</b>	<input type="text"/>	<b>Auction Time:</b>	<input type="text"/>
<b>Construction:</b>	<input type="text"/>	<b>Auction Location:</b>	<input type="text"/>
<b>Garage:</b>	<input type="text"/>	<b>Auction City,State,Zip:</b>	<input type="text"/>
<b>Primary Heating:</b>	<input type="text"/>		
<b>Comments:</b>	<input type="text"/>		

The following fields are to be used for Guaranteed Properties Only.

<b>^Lender Branch ID:</b>	<input type="text"/>	<b>^Lender State:</b>	<input type="text"/>
<b>^Lender Name:</b>	<input type="text"/>	<b>^Lender Zip Cd:</b>	<input type="text"/>
<b>^Lender Address:</b>	<input type="text"/>	<b>^Lender Phone:</b>	<input type="text"/>
<b>^Lender City:</b>	<input type="text"/>	<b>^Lender Contact:</b>	<input type="text"/>